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# Biographical and Clinical Variables Related to Frequent vs. Infrequent Visits by Students to a University Counseling and Mental Health Service.

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TO A UNIVERSITY COUNSELING AND MENTAL HEALTH  
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BIOGRAPHICAL AND CLINICAL VARIABLES RELATED TO  
FREQUENT VS. INFREQUENT VISITS BY STUDENTS  
TO A UNIVERSITY COUNSELING AND MENTAL  
HEALTH SERVICE

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
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in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The Department of Psychology

by  
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## ABSTRACT

The present study was designed to identify the biographical and clinical variables which discriminate between students making infrequent (four visits or less) and frequent (five visits or more) visits to a university counseling and mental health service. Case history information was gathered by the service's staff and placed on a coded personal data card for each visitor. This information was then tabulated and analyzed by computer.

Findings from one annual period indicated that infrequent visitors were more likely than frequent visitors to have had no previous psychotherapy, to reside locally with their parents, to have only one sibling, to have "working" mothers, and to manifest transient psychiatric disorders or none at all. They were more likely to be age twenty or younger, as was a similar proportion of the university student population. Frequent visitors, by contrast, were more likely to be age twenty-one or older, to have been re-admitted to the university's counseling and mental health service, to manifest neurotic or chronic personality disorders, to have three siblings, not to reside with their parents while at the

university, and to have mothers who were housewives.

Variables which identified students making infrequent visits were more likely to overlap one another than were the variables which identified frequent visitors.

Implications of the differing time demands, as well as normative deviations evident in frequent vs. infrequent visitors, are discussed in terms of alternative approaches for campus mental health services which might respond to such differences.

## INTRODUCTION

Effective utilization of professional mental health personnel has become a progressively urgent concern throughout the past decade (Albee, 1959, 1963, 1966-67, 1968; Cowen, Gardner, and Zax, 1967). In the field of psychology alone, it has long been evident that the demands upon fully trained doctoral professionals working in mental health capacities continue to outgrow the capacity of graduate training programs to produce new personnel (Raimy, 1950; Roe, 1959; Albee, 1968). Moreover, it has been pointed out that simply providing adequate numbers of specialists, if this were possible, would not necessarily assure effective delivery of services (Hollingshead and Redlich, 1958; Gurin, Veroff, and Feld, 1960).

It had become evident to some in the mental health field (Roe, 1959; Kelly, 1966; Smith and Hobbs, 1966; Cowen, Gardner, and Zax, 1967) that new resources, including sub-professional and paraprofessional personnel, were going to have to be developed in order to meet the public's expectations for more extensive services. The focus of many of the innovative approaches in mental health services converged upon

what became officially known as "community mental health" (Community Mental Health Centers Act of 1963; Kennedy, 1963). Although this Congressional Act proposed reforms in mental health services to the public and explicitly recognized the need for research into innovative approaches, grassroot change was slower (Cowen, Gardner, and Zax, 1967; Klein, 1968).

When Klein (1968) spoke of the "transitional nature of current mental health," he was not simply reviewing an historical event, but more importantly he was remarking upon an ongoing phenomenon in the mental health field. In particular, community mental health centers have been criticized by Hargrove (1967) for being "insular and lacking in flexibility required if the unique problems of individual communities are to be met." According to Klein (1968), it has been "non-mental health" groups, e.g., antipoverty programs and school systems, which have turned away from direct treatment approaches to that of more "community-oriented" efforts. Despite the findings of Hollingshead and Redlich (1958), the criticisms by Szasz (1961) of illness-oriented psychiatric treatment approaches, the alternative orientation of "positive mental health" proposed by Jahoda (1958), and the manpower and morale needs for a broader base of community involvement in mental health efforts (Smith and Hobbs, 1966;

Cowen, Gardner, and Zax, 1967; Albee, 1968; Klein, 1968), such efforts to introduce innovations continue to be nullified by existing mental health policies (Graziano, 1969).

While most of the studies reviewed up to this point emphasize the professional viewpoint of mental health activities, other studies, notably that of Gurin, Veroff, and Feld (1960), and more recently that of Eddy, Paap, and Glad (1970), have investigated the viewpoints and practices of actual as well as potential recipients of professional help. It is evident from both of these studies that mental health professionals, i.e., those acknowledged as specialists in mental health professionals, are mentioned far less often than are non-specialists such as family and friends (Eddy, Paap, and Glad, 1970), ministers, family physicians, welfare agencies, general hospitals--as sources of help for personal, emotional, and behavioral concerns (Gurin, Veroff, and Feld, 1960; Eddy, Paap, and Glad, 1970).

Another dimension of the manpower issue, which bears on both those helping and those being helped, is that of time expended in mental health efforts. When Bellak and Small (1965) wrote of "emergency" and "brief" psychotherapy, they epitomized what has become two of the key aspects in community mental health objectives (Smith and Hobbs, 1966;

Klein, 1968). Brief psychotherapy as defined by Bellak and Small (1965) lasts from one to six sessions, each of 45 to 50 minutes duration. In contrast to more orthodox forms of psychoanalysis, the therapist must decide from the initial session what will be the most fruitful point of intervention while also considering both the patient's ego-strength and real-life circumstances (Bellak and Small, 1965). Emergency psychotherapy as they define it is a special form of brief psychotherapy, situationally adapted to the emergency at hand (Bellak and Small, 1965).

While Bellak and Small (1965) derived their modifications of psychotherapy from the more traditional psychoanalytic approaches, others writing on time-limited psychotherapy, notably Lindemann (1944), Caplan (1961, 1964), and Wilson (1941) derived their techniques from medical experience on the battlefield, in civil disasters, or in other rather overtly critical situations. According to Lindemann (1944), bereavement over a loss which occurred in a disaster, such as the Coconut Grove fire in Boston, can be resolved in eight to ten sessions over a four to six week span. Grief reactions are viewed by Lindemann (1944) as a normal reaction to the disaster situation. If worked on by the patient and actively encouraged by his therapist during the critical four to six

week period, the more pathologic delayed and distorted grief reactions can be avoided, as Lindemann (1944) saw it.

In a similar vein, Caplan (1961) emphasized that crises become resolved by learning effective ways of dealing with them. This may seem truistic, but, as he went on to state, it is more important in a crisis situation to have a model for "healthy" solutions than an analysis of a poor solution (Caplan, 1961).

#### Developments in campus mental health

The divergence exemplified by the viewpoints of mental health professionals in general is also found in the literature on student behavior in colleges and universities. In reports on student activities and general campus life, the ideology of academic counseling and the objectives of administrative officials tend to override the influence of mental health services (Sanford, 1962; Astin, 1968; Report of the Committee on the Student in Higher Education, 1968). On the other hand, those who have been writing from the campus mental health viewpoint often express that their function is to provide opportunities for the student to regain, or to better integrate, his capacity for emotional growth and, moreover, to strengthen himself against the stresses of campus living (Farnsworth, 1957, 1965, 1966; Barger, 1966;

Braiman, 1967).

The introduction of a community mental health approach for campus mental health is relatively new (Larson, 1966; Larson, Barger, and Cahorn, 1968; Brigante, 1968; Bloom, 1970a, 1970b). Bloom (1970a), in a survey of 103 accredited colleges and universities throughout 13 western states of the United States, evaluated several characteristics of their mental health facilities to determine the degree of community orientation in their programs. The questionnaire sent to them requested information about activities that emphasized prevention "as distinguished from treatment" efforts, about agencies on the campus providing mental health services, about major developments in their mental health programs in recent years, about the relationship of program developments to changing characteristics of the university (campus) community, and about problems or issues in the further development of mental health program activities (Bloom, 1970a). The report concluded that most respondents felt a broad spectrum of services should be provided to a university community and that consultative, preventive, and educational activities are desirable adjuncts to clinical services; while, in fact, nearly all professional time was being spent working directly



with students, most often in individual clinical evaluation, counseling, or psychotherapy (Bloom, 1970a).

Larson (1966) has emphasized that campus community mental health involves less focus on the techniques and special services of formally designated mental health personnel, and more on the campus network of helping people, e.g., residence hall counselors and university chaplains. From his experience on the University of Florida campus, Larson developed guidelines for campus community involvement which focus on supporting the authority and responsibility of others beyond the mental health clinic, promoting a preventive attitude toward mental illness on the campus, encouraging primary prevention in many settings and improving the skills of many in early identification of emotional problems.

In line with the evidence of diverse resources for solving mental health problems in the general population (Gurin, Veroff, and Feld, 1960; Eddy, Paap, and Glad, 1970), the likelihood of a parallel phenomenon on a university campus seems reasonable. Among freshman students entering the University of Florida, Hall and Barger (1967) noted differences in attitudes both toward family and self-regard, which discriminated between students who indicated a need

for help with primarily personal problems rather than one of the following: vocational information, help with reading skills or study skills, or help with their "personalities."

Pearlman (1966) found that students in a Brooklyn College survey were inclined to regard their "troubling personal problems" as temporary and stemming from circumstances for which they were not responsible. He noted that a student would typically try to solve the problem by himself, or talk it over with a close friend, first. If he subsequently decided to go to the college's mental health facility, or to any other such community facility, he would see these as having transitional utility in the manner of "brief psychotherapy" (Pearlman, 1966).

Despite the indications favoring briefer psychotherapeutic intervention in campus mental health programs, practice in fact has varied markedly from campus to campus (Coons, 1970). While Farnsworth (1965) stated that in his experience at Harvard "many students are greatly helped by five to six visits" to the mental health clinic, a recent survey by Coons (1970) indicated a range in the mean number of visits per patient from 9.50 on one campus to a mean of 1.77 on another. This variation was partly accounted for by differences in staff time available and the patient load, but as it

was further admitted by Coons (1970) a more extensive analysis of the interrelationships between staffing patterns, student populations, and kinds of service offered would be needed to clarify the issue of just how time was being spent in campus mental health clinics.

Clark (1970) in a survey of counseling centers in universities of over 10,000 enrollment throughout the United States, noted for all varieties of counseling activity, including mental health, a mean of 3.31 hours was spent per student with a range of from one to eight hours. These hours were exclusive of time spent taking objective tests and other standardized procedures. He further noted that two-thirds of the counselors in his survey set no time limits on counseling, while the remaining one-third set limits of from 9 to 60 hours with a mean of 22.2 hours.

Barger and Hall (1964) noted that almost three-quarters of the students reporting to the University of Florida Mental Health Clinic during a one year period, came for four visits or less. Walters (1970), in a survey covering ten years of mental health services at the University of Illinois, noted a similar proportion (74%) of students making five visits or less. Kuehn and Hopper (1968, 1969) noted over a two-year period at Louisiana State University

that three-quarters of students coming to its Counseling and Mental Health Service were seen for four visits or less, also.

### The present study

The present research, which was carried out on the Baton Rouge campus of Louisiana State University, arose from the observation that a sizable proportion of students coming to the campus mental health service made brief use of the facility (Kuehn and Hopper, 1968, 1969). In light of the increasing demands for mental health services, the particular suitability of short-term psychotherapeutic approaches for college students (Feinstein, 1970; Pearlman, 1966; Farnsworth, 1965), and the findings and prospects of community-oriented approaches on campuses (Bloom, 1970b), it was felt that a study focusing on distinctive, identifiable characteristics of long-vs. short-term visitors to a mental health service was critically needed.

Considering recent successes with biographical inventories in predicting clinical behavior (Easton, 1966; Rawls, 1967), and earlier studies of biographical variables which were successful in classifying student behavior (Siegel, 1956a, 1956b; McKinney, 1947), a similar approach was selected for the present study. Furthermore, as Dailey (1960)

has pointed out, life history data are an essential framework for other psychological assessment however highly sophisticated or refined.

The present study was specifically designed to identify the biographical and clinical variables which discriminate between students making infrequent (four visits or less) and frequent (five visits or more) visits to the Counseling and Mental Health Service at Louisiana State University in Baton Rouge. The particular criterion of "four" vs. "five" visits arose primarily from the Service's policy that any student at the University is entitled to as many as four visits per year on his Health Service fee. There is no necessary implication of "good" or "sufficient" carried by either aspect of the criterion for the present study.

## METHOD

### Setting

The Counseling and Mental Health Service at Louisiana State University is a division of the Student Health Service, and is located in the Student Hospital on the Baton Rouge campus. This counseling service was first made available to LSU students on a part-time basis in September, 1961, and acquired a full-time director and staff in September, 1966. A descriptive study of the Service's activities between these dates was presented by Nail and Taylor (1967).

The staff of this Service, who conducted the interviews and recorded the data for the individual students seen during the period covered by the present study, was made up of one full-time psychiatrist (the director), one part-time psychiatrist, one half-time clinical psychologist, one other part-time clinical psychologist, one part-time field work social welfare supervisor, eleven part-time psychology training fellows, and three social welfare trainees full-time for a six-month fieldwork placement. The distribution of students seen initially by members of the staff during fiscal 1969, appears in Table I.

TABLE I  
DISTRIBUTION OF STUDENTS SEEN BY STAFF MEMBERS  
DURING FISCAL 1969

Staff Members	No of Students	%
Psychiatrists (One full-time, one part-time)	156	31.1
Clinical Psychologists (One half-time, one part-time)	90	17.9
Social Welfare Supervisor (One part-time)	7	1.4
Psychology Training Fellows (Eleven part- time)	153	30.5
Social Welfare Trainees (Three full-time for six months)	80	16.0
Other or unreported	<u>16</u> 502	<u>3.1</u> 100.0

Students who come to the Service are routinely assigned to a staff member who has the first opening at a mutually satisfactory scheduled time. Exceptions are made in cases of emergency, in which case, a staff member is readily available during regular Service hours (8:30 AM - 4:30 PM, Monday-Friday), or on-call at other times. Fees for students making up to four visits are covered by the Health Service fee paid at registration each semester. Visits scheduled beyond the first four involve additional fees which are adjusted to each student's particular financial situation. Fees for students who choose to enter group psychotherapy are routinely set at \$10 per semester.

### Materials

The principal instrument employed in the present study was the Personal Data Card (PDC) used by the Counseling and Mental Health Service at Louisiana State University. A copy of this card appears in Appendix A. The numerical coding used to designate a student's status on each of the biographical and clinical variables included on this card, were taken from a coding manual prepared by the same Counseling and Mental Health Service. The variables, along with their frequency of occurrence in the University student population and within the Counseling and Mental Health Service



population, are presented in Appendix B.

### Procedure

Personal Data Cards (PDC) were filled out for each student seeking the services of the Counseling and Mental Health Service during fiscal year 1969 (July 1, 1968 - June 30, 1969). Data compiled from these cards appear in Appendix B. Data from the general student population on the Baton Rouge campus were provided by the Office of Institutional Research, campus religious organizations, the International Student Office, and the Office of the Registrar.

Data from the PDC's were first screened to determine which variables were over-represented by students making either infrequent (four visits or less) or frequent (five visits or more) visits to the Counseling and Mental Health Service during fiscal 1969. The screening criterion for over-representation was a deviation of one percentage between either the infrequent or frequent subpopulations and their parent population. Each variable which met this criterion was further tested by a chi-square 2 x 2 contingency analysis with correction for continuity.

In arranging the two-fold analysis, each variable in question was contrasted with the sum of all other variables which made up an exhaustive category. ("Exhaustive" here means

the "complementing portion of the population not included by the variable in question.") For example, if enrollment in the Junior Division were the variable in question, all other academic divisions of the University would constitute the remaining portion of that exhaustive category. The other subdivision in each two-fold analysis was made up of "four visits or less" vs. "five visits or more."

Variables which represented conditions antecedent to contacts at the Service, and which discriminated beyond the .01 level, were further analyzed. The number of students who overlapped between one of these variables and any of the other variables discriminating at either the .05 or .01 levels, were compared with the number of students from the first of these variables which did not overlap between the two variables in question. These two contingencies were further subdivided by the number of students making less than four visits vs. those making five visits or more, to form a 2 x 2 chi-square contingency table. For example, if being 20 years old or younger were significantly related to infrequent visits ( $p < .01$ ) and enrollment in Junior Division were also significantly related to infrequent visits ( $p < .05$ ), the overlap between these two groups would be contrasted with the 20

year olds or younger not in Junior Division, and each further divided into "four visits or less" vs. "five visits or more." The purpose of this type of analysis is to determine how significantly a congruence between variables will predict either of frequent or infrequent visits.

## RESULTS

Results from the chi-square 2 x 2 contingency analyses demonstrated that the following student characteristics occurred more often among infrequent visitors (four visits or less) than among frequent visitors (five visits or more): 20 years old or younger, 21 years old or younger, 22 years old or younger, enrollment in the Junior Division, living with parents while attending the University, one sibling, no previous psychotherapy, new to the Service at LSU, requesting information rather than clinical services, a diagnosis of Transient Situational Disorder or Without Psychiatric Disorder, consultation for the student, no psychiatric hospitalization at the LSU Student Hospital, and failure to return to the Service for the last scheduled appointment. The number of students within each of these variables who were among (1) the infrequent visitors, among (2) all visitors to the Service, and among (3) the total student population at the University (insofar as data were available), appears in Table II. Variables which were most significantly ( $p < .01$ ) related to infrequent visits were the student's age (20 or less), previous psychiatric treatment, psychiatric

TABLE II

PERSONAL DATA CARD VARIABLES OVER-REPRESENTED AMONG STUDENTS MAKING INFREQUENT VISITS  
TO THE COUNSELING AND MENTAL HEALTH SERVICE AT LOUISIANA STATE UNIVERSITY  
FOR FISCAL 1969

Variable	Infrequent <sup>1</sup> Visitors		All Service <sup>2</sup> Visitors		(p < )	University <sup>3</sup>	
	#	%	#	%		#	%
Junior Division enrollment	92	(27.1)	121	(24.1)	.05	6539	(29.5)
Age 20 or younger	186	(54.7)	251	(50.0)	.01	11943	(65.4) <sup>4</sup>
Age 21 or younger	235	(69.1)	330	(65.7)	.05	14508	(79.5)
Age 22 or younger	262	(77.1)	371	(73.9)	.05	16170	(88.6)
Student's residence, living with parents	53	(15.6)	67	(13.4)	.05		
One sibling only	104	(30.6)	139	(27.7)	.05		
No previous psychiatric treatment	257	(75.6)	360	(71.7)	.01		
New admission to Counsel- ing and Mental Health Service	295	(86.8)	422	(84.1)	.05		
Chief presenting problem, request for information	26	( 7.6)	30	( 6.0)	.05		

<sup>1</sup> N=340.<sup>2</sup> N=502.<sup>3</sup> N=22,200,  
estimated.<sup>4</sup> Fall Semester, 1968-69;  
only--for all data on  
age (N=18253).

TABLE II (Cont'd)

Variable	Infrequent Visitors		All Service Visitors		(p < )	University	
	#	%	#	%		#	%
Psychiatric diagnosis, Transient Situational Disorder	125	(36.8)	162	(32.3)	.01		
Without Psychiatric Disorder	93	(27.4)	112	(22.3)	.001		
Service procedure, consul- tation for the student	174	(51.2)	214	(42.6)	.001		
Hospitalization, not re- commended by Counseling and Mental Health Service	328	(96.5)	463	(92.2)	.001		
Disposition, student failed to return to Service for last scheduled appointment	82	(24.1)	98	(19.5)	.001		

diagnosis, service procedures, and disposition.

On the other hand, student characteristics which occurred more often among frequent visitors (five visits or more) included the following: age 21 or older, age 22 or older, age 23 or older, previous psychotherapy which involved both in-patient and out-patient treatment, re-admission to the Service at LSU, a diagnosis of Neurosis or Personality Disorder, chronic; group psychotherapy or individual psychotherapy with drug therapy as well as admission to the LSU Student Hospital; and additionally, admissions in general recommended by the Service for hospitalization at LSU. The number of students within each of these variables who were among (1) the frequent visitors, among (2) all visitors to the Service, and among (3) the total student population at the University (insofar as data were available), appears in Table III. Variables most significantly ( $p < .01$ ) related to frequent visits were student's age, psychiatric diagnosis, and service procedures.

Among the antecedent variables significantly related to infrequent visits ( $p < .01$ ), the absence of previous psychotherapy remained significant ( $p < .05$ ) when subdivided by absence of hospitalization at LSU Student Hospital (on the Service's recommendation). Age 20 or younger remained

TABLE III

PERSONAL DATA CARD VARIABLES OVER-REPRESENTED AMONG STUDENTS MAKING FREQUENT VISITS  
TO THE COUNSELING AND MENTAL HEALTH SERVICE AT LOUISIANA STATE UNIVERSITY  
FOR FISCAL 1969

Variable	Frequent <sup>1</sup> Visitors		All Service <sup>2</sup> Visitors		(p < )	University <sup>3</sup>	
	#	%	#	%		#	%
Age 21 or older	97	(59.9)	251	(50.0)	.01	6315	(34.6) <sup>4</sup>
Age 22 or older	67	(41.4)	172	(34.3)	.05	3850	(21.1)
Age 23 or older	53	(32.7)	131	(26.1)	.05	2088	(11.4)
Mother's occupation, wife and mother	108	(66.7)	299	(59.6)	.05		
Three siblings	35	(21.6)	83	(16.5)	.05		
Previous psychiatric treat- ment, combination of in- patient and out-patient	7	( 4.3)	9	( 1.8)	.01		
Re-admission to Counseling and Mental Health Service	35	(21.6)	80	(15.9)	.01		
Psychiatric diagnosis, Neurosis	39	(24.1)	67	(13.4)	.001		
Personality Disorder (chronic)	30	(18.5)	55	(11.0)	.001		

<sup>1</sup> N=162.<sup>2</sup> N=502.<sup>3</sup> N=22,200,  
estimated.<sup>4</sup> Fall Semester, 1968-69,  
only--for all data on  
age (N=18253).



TABLE III (Cont'd)

Variable	Frequent Visitors		All Service Visitors		(p< )	University	
	#	%	#	%		#	%
Service procedures, group psychotherapy	56	(34.6)	70	(13.9)	.001		
individual psychotherapy with drugs and admission to LSU Student Hospital	16	( 9.9)	27	( 5.4)	.01		
Hospitalization, on recom- mendation of Counseling and Mental Health Service	27	(16.7)	39	( 7.8)	.001		

significant ( $p < .02$ ) when subdivided by absence of previous psychotherapy or by "living with parents" while attending the University, and ( $p < .01$ ) when subdivided by absence of hospitalization, one sibling, or new admission to the Service. Among the antecedent variables significantly related to frequent visits ( $p < .01$ ), age 21 or older was the only one which remained significant ( $p < .02$ ), and only when overlapping with hospitalization at the LSU Hospital on the recommendation of the Service.

While many variables which appear on the Personal Data Card did not significantly discriminate between frequent and infrequent visits to the Service, some are notably over- or under-represented when compared with the total University student population (see Appendix B). Among those over-represented in the Service population during fiscal 1969 were students enrolled in the College of Arts and Sciences, students beyond their first semester at the Baton Rouge campus, students age 21 or older, unmarried students, and men's dormitory residents. Although directly comparable data on students who did not express a religious preference are missing from the University population, there is considerable indication that this group is highly over-represented in the Service population. Among those most notably under-represented

in the Service population were students new to the Baton Rouge campus, Junior Division students, graduate students, students in University College, students age 20 or younger, married students, students affiliated with a protestant denomination, students living in sorority houses or in married student housing.

The only variables which discriminated between frequent and infrequent visitors for which there were also comparable data available on a total University population, were age of students and the college or school enrollment. Younger students (age 20 or younger) and Junior Division students each occurred in greater proportions among infrequent visitors, and were closer to their respective percentages within the University population than were frequent visitors. This would suggest that infrequent visitors more closely represent the normative patterns of the general student population than do frequent visitors.

## DISCUSSION

Findings from the present study clearly indicate that frequent vs. infrequent usage of a university counseling and mental health service is related to differing biographical as well as clinical variables among those using the service. In general, variables such as age, extent of previous psychotherapy, new vs. re-admission to a service, local residence while attending the university, mother's occupation, and number of siblings, each predicted the likelihood of long vs. short duration of contacts at the service.

Students newly admitted to the service, with no previous psychotherapy, who were age 20 or younger, living with their parents while attending the university, who had one sibling, and whose mothers worked at least part-time away from the home, were in each case more likely to occur among those students who made infrequent visits to the service. On the other hand, students who had had some form of psychotherapy previously, who were age 21 or older, were living away from parents, with three siblings, and whose mothers were "housewives," were in each case over-represented among those students who made frequent visits to the service.

Clinical evaluation and other service procedures also discriminated between frequent and infrequent visitors to the service. Infrequent visitors were more likely to be handled with explicit consultation, or to come to the service primarily with a request for specific information. They were more likely to be assigned a psychiatric diagnosis of Transient Situational Disorder or Without Psychiatric Disorders. They were less likely to be hospitalized at the campus hospital for psychiatric reasons, and more likely to miss a scheduled appointment and then not return to the service. Those students making frequent visits were, by contrast, more likely to be seen for individual psychotherapy in conjunction with hospitalization at the campus hospital. They were more likely to be seen for group psychotherapy, which generally extended over one semester and sometimes two. They were more likely to terminate their contacts at the service by mutual agreement with their therapists. They were also more likely to be assigned a psychiatric diagnosis of Neurosis or Personality Disorder, chronic. Contrary to expectations neither a psychotic diagnosis nor history of poor physical health increased the likelihood of frequent visits to the mental health service.

Beyond the specific variables which distinguished frequent from infrequent visitors, there was further evidence that pairs of these variables were more often congruent among the infrequent visitors than among frequent visitors. The former congruencies were also less clinically-centered, reflected less psychopathology, than the latter. This finding offers some evidence that a more educationally-oriented approach with this group might be advantageous in future mental health planning on the campus.

It should be kept in mind that the statistical "significance" underlying these findings does not imply uniform numbers of cases throughout the variables involved. The practical significance for each variable will stem from either the number of cases included or the urgency, severity, or other values essential to human welfare.

In terms of overall mental health activities on a university campus, the Counseling and Mental Health Service at Louisiana State University reflects many of the same characteristics as those on other campuses (Barger and Hall, 1964; Reifler, Liptzin, and Fox, 1967; Friedman and Coons, 1969; Walters, 1970). Friedman and Coons (1969) report their typical new referral to their mental health service as being enrolled in the College of Arts and Sciences, unmarried,

slightly more likely to be a male than a female, no previous experience with "professional assistance," self-referred to the service, presenting academic study problems, or complaining of depression, anxiety, and most often dealt with in three hours of evaluation focused on the student's current problem. In contrast to LSU's pattern, however, Friedman and Coons' (1969) typical student was somewhat older (21 rather than 19) and Protestant rather than stating no religious preference.

The high proportion of students seen by the Counseling and Mental Health Service who indicated no religious preference, is a finding comparable to other campus mental health services in the United States. (Braaten and Darling, 1961) attributed this phenomenon to the questioning of values and religious beliefs common to most college students. The authors felt this questioning attitude was accompanied by antagonism toward parental authority (Braaten and Darling, 1961). One alternative explanation, however, might be that in the present Age of Aquarius some of the departure from tradition, and movements toward greater experimentation in living, have also involved departures from traditional religious affiliations.

In one relatively recent study (Gordon and Gordon, 1967), sibling patterns were related to the probability of

psychiatric problems among college students. Unfortunately, no data were reported in terms of frequency of visits to a mental health service. In line with the overall Counseling and Mental Health Service data at LSU, however, Gordon and Gordon (1967) did note that students with one sibling came to a mental health service, where the authors were, in greater numbers than did students with three siblings.

One striking characteristic of the population coming to the Service at LSU is the very similar proportion of men and women in terms of the University population. Approximately 60 per cent in each are men, and 40 per cent are women. Other studies of campus mental health services indicate an over-representation by women in terms of their university populations (Braaten and Darling, 1961; Reifler, Liptzin, and Fox, 1967; Walters, 1970). Furthermore, it is noteworthy that this male/female ratio at LSU was essentially similar among the frequent as well as infrequent visitors to its Service.

#### Implications of the present study

The present study was focused on the issue of time spent by students at a campus mental health service, and it points to some crucial differences in the nature of demands



made by frequent vs. infrequent visitors there. The infrequent visitor presents a far less "clinical" picture. His biographical characteristics, his clinical history, and personal concerns are more nearly in line with those of most LSU students. His mental health needs are for the most part, those which could be met by sensitive, alert, and relatively mature people within his everyday contacts at the University, e.g., dormitory counselors, upper-classmen "big brothers" and "big sisters," Junior Division counselors, or faculty advisors.

None of these remarks, however, are to suggest that mental health personnel should lack involvement with their infrequent visitor. On the contrary, a rather broad level of involvement is indicated. Educational programs to improve students' understanding of the developmental experiences common to their age group and the stresses which they are likely to encounter at a university, constitute important areas of involvement. Training for university personnel in ways of dealing with students' emotional crises, consultation for special behavior problems which arise occasionally, and review and planning for policies and programs affecting student conduct, are further areas where mental health personnel could offer their skills.

Turning to the frequent visitors to the Service, there is evidence of a more "clinical," traditional mental health service need among these students. They are more identifiable by their clinical rather than non-clinical, biographical characteristics. To say that these students should be treated exclusively by mental health personnel, however, would be drawing an unduly narrow conclusion. In some cases, leadership or direction from a mental health professional may be required to effectively manage prolonged and severe disorders. This, however, need not be regarded as a cue for others at the university to step aside altogether. Rather, consultation and coordination of efforts among faculty members, administrators, dormitory personnel, family members, close friends, and other individuals or agencies outside the university may prove crucial to these students' mental health needs.

Implications for manpower requirements suggested by the present study, as well as others cited earlier, go well beyond any simple quantitative solution. Greater numbers of highly trained specialists are not likely to save the mental health of the world or of the university, by themselves. Rather, there needs to be a greater diffusion of involvement and responsibility for mental health concerns among all members of the community in question. The particular

implications of this diffusion for the campus community is that students be recognized for both their needs to receive mental health services and their need to serve the mental and emotional well-being of others. A student's growth through critical stages of adolescence and his rather rapid emergence into adulthood are rather keenly tied to this dual need. Nothing less is at stake than his personal integrity and effective involvement with his community.

#### Implications for further research

The present study was undertaken as an exploratory research into the functions of one particular campus mental health service. The theoretical framework and statistical techniques employed were intentionally modest, the outlook frankly pragmatic. However, it would be inaccurate to regard the present research as "applied" rather than "basic." Instead, the study was an attempt to observe some fundamental operations in an ongoing system and to consider their ramifications and implications for the future operations of the system.

The present research was specifically designed to examine the biographical and clinical context in which students coming to one campus mental health service were behaving. One particularly regrettable limitation, however, was the lack

of data available from the University on many of these variables. Provided this can be remedied, many statistical refinements could then be introduced to further delineate the context of mental health needs on the campus. As data become more and more consistently categorized and explicitly coded, factorial statistics will become more suitable, and essential, to cope with massive amounts of numbers. Under such conditions, specific inferences can, hopefully, be drawn with more confidence and verifiability than was possible in the present study.

The need for research in on-going systems is especially critical in an era of rapid change, such as the present one. Failure either to ask pertinent questions or to provide adequate means for researching and ultimately answering them, could result in a pernicious impoverishment in the basic fund of knowledge to which higher education has for a long time been committed.

## SUMMARY

The present study was designed to identify the biographical and clinical variables which discriminate between students making infrequent (four visits or less) and frequent (five visits or more) visits to a university counseling and mental health service. Case history information was gathered by the service's staff and placed on a coded personal data card for each visitor. This information was then tabulated and analyzed by computer.

Findings from one annual period indicated that infrequent visitors were more likely than frequent visitors to have had no previous psychotherapy, to reside locally with their parents, to have only one sibling, to have "working" mothers, and to manifest transient psychiatric disorders or none at all. They were more likely to be age twenty or younger, as was a similar proportion of the university student population. Frequent visitors, by contrast, were more likely to be age twenty-one or older, to have been re-admitted to the university's counseling and mental health service, to manifest neurotic or chronic personality disorders, to have three siblings, not to reside with their parents while at the

university, and to have mothers who were housewives.

Variables which identified students making infrequent visits were more likely to overlap one another than were the variables which identified frequent visitors.

Implications of the differing time demands, as well as normative deviations evident in frequent vs. infrequent visitors, are discussed in terms of alternative approaches for campus mental health services which might respond to such differences.

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## APPENDICES

# APPENDIX A

## PERSONAL DATA CARD (PDC) USED BY THE COUNSELING AND MENTAL HEALTH SERVICE AT LOUISIANA STATE UNIVERSITY, BATON ROUGE CAMPUS

### PERSONAL DATA CARD

Date of 1st contact \_\_\_\_\_

SS# \_\_\_\_\_

Case No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

School: \_\_\_\_\_ ( )

Religious Background \_\_\_\_\_ ( )

Previous Psychiatric Treatment: \_\_\_\_\_ ( )

Type of Admission: New \_\_\_\_\_ Reopened \_\_\_\_\_ ( )

Occupations of Parents:

Father: \_\_\_\_\_ ( )

Mother: \_\_\_\_\_ ( )

Parental Status: Living Together \_\_\_\_\_

Divorced \_\_\_\_\_ Father Deceased \_\_\_\_\_

Mother Deceased \_\_\_\_\_ ( )

Date of Separation or death: \_\_\_\_\_

Personal Data Card

LSU - SHS - 89

Education of Parents: \_\_\_\_\_

Father \_\_\_\_\_ ( )

Mother \_\_\_\_\_ ( )

Number of Siblings \_\_\_\_\_ ( )

Your rank by age \_\_\_\_\_ ( )

Military Status \_\_\_\_\_ ( )

Type of Residence \_\_\_\_\_ ( )

Marital Status \_\_\_\_\_ ( )

Academic Status \_\_\_\_\_ ( )

Semester on Campus \_\_\_\_\_ ( )

Referral Source \_\_\_\_\_ ( )

Presenting Complaint or Problem

Evaluation Diagnosis \_\_\_\_\_ ( )

Physical Health \_\_\_\_\_ ( )

Psychiatric Appraisal \_\_\_\_\_ ( )

Service Procedures \_\_\_\_\_ ( )

Number of Interviews \_\_\_\_\_ ( )

Disposition \_\_\_\_\_ ( )

Follow-up Visits \_\_\_\_\_ ( )

Recommended withdrawal \_\_\_\_\_ ( )

Did Withdraw \_\_\_\_\_ ( )

Hospitalized \_\_\_\_\_ ( )

# APPENDIX B

## DISTRIBUTION OF STUDENTS SEEN AT THE COUNSELING AND MENTAL HEALTH SERVICE (CMHS) AND STUDENTS WITHIN THE UNIVERSITY (LSU) BY CATEGORIES AND VARIABLES FROM PERSONAL DATA CARDS DURING FISCAL 1969

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u>	<u>%</u>	<u>#</u>	<u>LSU</u>	<u>%</u>
Semester on Baton Rouge Campus of LSU						
First semester (new or transfer students).....	99	(19.8)		7555	(34.0)	
Beyond first semester (continuing student).....	401	(80.2)		14645	(66.0)	
Total.....	502	(100.0)		22200 <sup>1</sup>	(100.0)	
College or School enrollment						
Arts and Sciences.....	158	(31.5)		2736	(12.3)	
Junior Division.....	121	(24.1)		6539	(29.5)	
Graduate School.....	59	(11.8)		3932	(17.7)	
Business Administration.....	42	( 8.4)		1648	( 7.4)	
Education.....	26	( 5.2)		1932	( 8.7)	
Engineering.....	23	( 4.6)		1190	( 5.4)	
Agriculture.....	14	( 2.8)		949	( 4.3)	
Environmental Design.....	14	( 2.8)		348	( 1.6)	
University College.....	10	( 1.9)		1807	( 8.1)	
Law.....	9	( 1.8)		555	( 2.5)	
Chemistry and Physics.....	7	( 1.4)		248	( 1.1)	
Social Welfare.....	7	( 1.4)		224	( 1.0)	
Other.....	12	( 2.3)		92	( 0.4)	
Total.....	502	(100.0)		22200	(100.0)	

<sup>1</sup> Estimated total enrollment on Baton Rouge Campus throughout fiscal 1969.



# APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u> %	<u>#</u>	<u>LSU</u> %
Sex				
Male.....	319	(63.5)	1345 <sup>5</sup>	(60.6)
Female.....	183	(36.5)	8745	(39.4)
Total.....	502	(100.0)	22200	(100.0)
Age				
18 and younger.....	74	(14.7)	5975	(32.7)
19.....	100	(20.0)	3234	(17.7)
20.....	77	(15.3)	2734	(15.0)
21.....	79	(15.7)	2565	(14.1)
22.....	41	( 8.2)	1662)	( 9.1)
23 and older.....	131	(26.1)	2083	(11.4)
Total.....	502	(100.0)	18253 <sup>2</sup>	(100.0)
Marital Status				
Married.....	69	(13.8)	9985	(45.0)
Unmarried.....	433	(86.2)	12215	(55.0)
Total.....	502	(100.0)	22200	(100.0)
Religious affiliation or preference				
Catholic.....	169	(33.6)	7715	(34.7)
Protestant.....	20	( 4.0)	6974	(31.4) <sup>3</sup>
Jewish.....	7	( 1.4)	180	( 0.8)
Moslem.....	5	( 1.0)	144	( 0.7)
No preference indicated.....	301	(60.0)	(data not available) <sup>4</sup>	
Total.....	502	(100.0)		

<sup>2</sup> Fall Semester, 1968-69, only.

<sup>3</sup> Estimated for fiscal 1969.

# APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u>	<u>%</u>	<u>#</u>	<u>LSU</u>	<u>%</u>
Student's residence while at LSU						
Off campus, not with parents.....	196	(39.1)			(data not compiled)	
Men's dormitory.....	130	(25.8)		3563	(19.5) <sup>4</sup>	
Women's dormitory.....	78	(15.5)		3050	(16.7)	
Off campus, living with parents.....	67	(13.4)			(data not compiled)	
Fraternity house.....	16	( 3.2)		566	( 3.1)	
Sorority house.....	4	( 0.8)		713	( 3.9)	
Married students' housing.....	3	( 0.6)		578	( 3.2) <sup>5</sup>	
Other.....	8	( 1.6)			(data not compiled)	
Total.....	502	(100.0)				
Parental Status						
Both parents living together.....	388	(77.3)			(data not compiled)	
Father only deceased.....	51	(10.2)		"	"	"
Divorced or separated.....	42	( 8.4)		"	"	"
Mother only deceased.....	15	( 2.9)		"	"	"
Both parents deceased.....	3	( 0.6)		"	"	"
Unreported.....	3	( 0.6)				
Total.....	502	(100.0)				
Father's occupation						
Blue collar.....	7	( 1.4)			(data not compiled)	
White collar.....	66	(13.2)		"	"	"
Business.....	328	(65.3)		"	"	"
Professional.....	69	(13.7)		"	"	"
Unreported.....	32	( 6.4)				
Total.....	502	(100.0)				

# APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u>	<u>%</u>	<u>#</u>	<u>LSU</u>	<u>%</u>
Mother's occupation						
Housewife.....	299	(59.6)		(data not compiled)		
Non-professional.....	134	(26.7)		"	"	"
Professional.....	36	( 7.2)		"	"	"
Unreported.....	33	( 6.5)				
Total.....	502	(100.0)				
Father's education						
Did not finish high school.....	62	(12.4)		(data not compiled)		
High school graduate.....	129	(25.7)		"	"	"
Did not finish college.....	65	(12.9)		"	"	"
College graduate.....	150	(29.9)		"	"	"
Graduate or professional degree.....	70	(13.9)		"	"	"
Unreported.....	26	( 5.2)				
Total.....	502	(100.0)				
Mother's education						
Did not finish high school.....	41	( 8.2)		(data not compiled)		
High school graduate.....	194	(38.6)		"	"	"
Did not finish college.....	101	(20.1)		"	"	"
College graduate.....	109	(21.7)		"	"	"
Graduate or professional degree.....	37	( 7.4)		"	"	"
Unreported.....	20	( 4.0)				
Total.....	502	(100.0)				

# APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u> %	<u>#</u>	<u>LSU</u> %
Number of siblings				
None.....	41	( 8.2)	(data not compiled)	
One.....	139	(27.7)	"	"
Two.....	119	(23.7)	"	"
Three.....	83	(16.5)	"	"
Four.....	51	(10.2)	"	"
Five.....	26	( 5.2)	"	"
Six or more.....	39	( 7.7)	"	"
Unreported.....	4	( 0.8)		
Total.....	502	(100.0)		
Rank among siblings				
First.....	248	(49.4)	(data not compiled)	
Second.....	140	(27.9)	"	"
Third.....	58	(11.5)	"	"
Fourth.....	25	( 5.0)	"	"
Fifth or greater.....	19	( 3.8)	"	"
Unreported.....	12	( 2.4)	"	"
Total.....	502	(100.0)		
Previous psychiatric or psychological treatment				
Private.....	28	( 5.6)	(data not available)	
Community or university service.....	102	(20.3)	"	"
Psychiatric hospitalization.....	3	( 0.6)	"	"
Combination of the above.....	9	( 1.8)	"	"
None.....	360	(71.7)	"	"
Total.....	502	(100.0)		

## APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u>	<u>%</u>
Admission to the Counseling and Mental Health Service at LSU			
New.....	422	(84.1)	
Reopened from previous year.....	80	(15.9)	
Total.....	502	(100.0)	
Referral Source			
Student himself (herself).....	227	(45.2)	
Physician.....	105	(20.9)	
Faculty member.....	47	(9.4)	
Another LSU student, but not counselee	37	(7.4)	
Former or current counselee.....	31	(6.1)	
Junior Division counselor.....	16	(3.2)	
Off campus source.....	9	(1.8)	
Campus religious counselor.....	8	(1.6)	
Parent.....	7	(1.4)	
Dean of Students Office.....	6	(1.2)	
Spouse.....	5	(1.0)	
Other.....	4	(0.8)	
Total.....	502	(100.0)	
Chief presenting problem			
Interpersonal relationships.....	97	(19.3)	
Anxiety ("free floating").....	85	(16.9)	
Depression.....	76	(15.1)	
Study problems.....	63	(12.5)	
Request for information.....	30	(6.0)	
Sexual difficulties.....	24	(4.8)	
Administrative.....	23	(4.6)	
Value system concerns.....	16	(3.2)	
Socially deviant behavior.....	15	(3.0)	
Somatic disturbance.....	14	(2.8)	
Vocational uncertainty.....	11	(2.2)	
Other.....	48	(9.6)	
Total.....	502	(100.0)	
Psychiatric Diagnosis			
Transient Situational Disorder.....	162	(32.3)	
Without Psychiatric Disorder.....	112	(22.3)	
Neurosis.....	67	(13.4)	
Personality Disorder, chronic.....	55	(11.0)	
Behavior Disorder of Adolescence.....	49	(9.6)	
Psychosis.....	20	(4.0)	

## APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u> <u>%</u>
Psychiatric Diagnosis (cont'd)		
Somatic or Psychophysiologic Disorders.....	17	( 3.4)
Brain Syndromes.....	5	( 1.0)
Other.....	15	( 3.0)
Total.....	502	(100.0)
Physical Health		
Currently in good health, no significant history of illness.....	405	(80.7)
Suffering chronic, non-disabling somatic symptoms.....	30	( 6.0)
Unstabilized physical condition.....	18	( 3.5)
Currently in good health, with history of significant illness.....	17	( 3.4)
Suffering from chronic, disabling illness.....	14	( 2.8)
Suffering from minor (temporary) illness.....	14	( 2.8)
Unreported.....	4	( 0.8)
Total.....	502	(100.0)
Service Procedures		
Consultation for the student.....	214	(42.6)
Individual psychotherapy.....	161	(32.1)
Group psychotherapy.....	70	(13.9)
Consultation for an administrator.....	15	( 3.0)
Consultation for a physician.....	7	( 1.4)
Consultation for a faculty member.....	6	( 1.2)
Screening interview for re-admission to LSU.....	6	( 1.2)
Psychodiagnostic evaluation, only.....	5	( 1.0)
Marriage counseling.....	4	( 0.8)
Student did not report for initial scheduled appointment.....	14	( 2.8)
Total.....	502	(100.0)
Disposition from CMHS		
Student terminated treatment by mutual agreement with staff member.....	159	(31.7)
To return as needed for intermittent follow-up visits.....	104	(20.7)
Failed to return to CMHS for last scheduled appointment.....	98	(19.5)

## APPENDIX B (Cont'd)

<u>Categories and Variables</u>	<u>#</u>	<u>CMHS</u>	<u>%</u>
Disposition from CMHS (cont'd)			
Withdrew from LSU while at CMHS.....	46	( 9.1)	<sup>6</sup>
Private treatment recommended.....	34	( 6.8)	
Referred to agency off campus.....	29	( 5.8)	
Rejected CMHS's recommendations.....	13	( 2.6)	
Terminated against professional advice.	10	( 2.0)	
Other.....	9	( 1.8)	
Total.....	502	(100.0)	
Hospitalized on recommendation of CMHS at LSU Student Hospital			
Were hospitalized.....	39	( 7.8)	
Were not hospitalized.....	463	(92.2)	
Total.....	502	(100.0)	

<sup>6</sup> Data provided by the Office of the Registrar indicate that 1353 (6.1%) of LSU Baton Rouge Campus students "withdrew" during fiscal 1969.

## VITA

Allen Elbert Hopper was born in Dallas, Texas, on May 26, 1940. After graduating from the Cambridge School of Weston in Weston, Massachusetts, in 1958, he entered Emory University where he was graduated with a Bachelor of Arts degree in 1963. The same year he enrolled in the graduate school of Louisiana State University where he received the degree of Master of Arts in psychology, August, 1966.

From September, 1966 to August, 1967, he was a Clinical Psychology Intern at Napa State Hospital, Imola, California. Following his return from internship to Louisiana State University, he was a teaching assistant in the Department of Psychology. In September, 1968, he became a research associate at the Counseling and Mental Health Service of the University.

Since September, 1969, he has held an honorary dissertation-year fellowship at the University, and will be awarded the degree of Doctor of Philosophy at commencement August, 1970.



## EXAMINATION AND THESIS REPORT

Candidate: Allen Elbert Hopper

Major Field: Psychology

Title of Thesis: Biographical and clinical variables related to frequent vs. infrequent visits by students to a University Counselor and Mental Health Service

Approved:

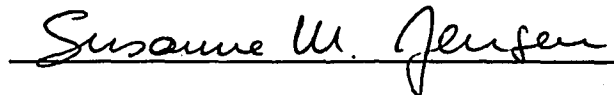


Major Professor and Chairman



Dean of the Graduate School

### EXAMINING COMMITTEE:



Date of Examination:

20 July 1970